

Name:

**DUTY STATEMENT
DEPARTMENT OF MENTAL HEALTH
NAPA STATE HOSPITAL**

JOB CLASSIFICATION: OFFICE TECHNICIAN (TYPING)

1. MAJOR TASKS, DUTIES, AND RESPONSIBILITIES

Perform a variety of general and difficult office work; exercise a high degree of initiative, independence and originality in performing assigned tasks.

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| 30 % | Provides secretarial support services including: <ul style="list-style-type: none">• Typing assignments such as correspondence, reports, forms• Taking and preparing minutes of meetings• Arranging meetings, scheduling appointments• Opening and distributing mail• Answering telephones |
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| 10 % | Provides and maintains various record keeping and filing systems, such as time keeping, classifying, sorting and filing of various documents, and necessary purging |
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| 5 % | Duplicating material using photocopying equipment |
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| 5 % | Other related duties as assigned |
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| 50 % | SITE SPECIFIC DUTIES
Independently initiates correspondences with Supervisor in maintaining the Preventive Maintenance and Program. Issue task sheets according to PM schedule to various shop supervisor; evaluates all new equipment before PM schedule can be established; input data from completed task sheets, and provides labor, materials usage, and failure/damage reports to Chief of Plant Operations III. Generates reports using TMA including assigning task sheets, add/update equipment, edit PM work orders. |
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| 0 % | TECHNICAL PROFICIENCY
Not Applicable |
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2. SUPERVISION RECEIVED

Under directions reports to and receives instruction from the Chief of Plant Operations III.

3. SUPERVISION EXERCISED

May be requested to act as lead over Office Assistant, Student Assistants, Youth Aides, or Volunteers.

4. KNOWLEDGE AND ABILITIES

KNOWLEDGE OF:

Modern office methods, supplies and equipment; business English and correspondence; principles of effective training.

ABILITY TO:

Perform difficult clerical work, including ability to spell correctly; use good English; make arithmetical computations; operate various office machines; follow oral and written directions; evaluate situations accurately and take effective action; read and write English at a level required for successful job performance; make clear and comprehensive reports and keep difficult records; meet and deal tactfully with the public; apply specific laws, rules and office policies and procedures; prepare correspondence independently utilizing a wide knowledge of vocabulary, grammar and spelling; communicate effectively; provide functional guidance.

5. REQUIRED COMPETENCIES

SAFETY

Actively supports a safe and hazard free workplace through practice of personal safety and vigilance in the identification of safe or security hazards, including infection control.

CULTURAL AWARENESS

Demonstrates awareness to multicultural issues in the workplace which enable the employee to work effectively.

SITE SPECIFIC COMPETENCIES

None

TECHNICAL PROFICIENCY (SITE SPECIFIC)

None

6. LICENSE OR CERTIFICATION – Not applicable

7. TRAINING - Training Category =

The employee is required to keep current with the completion of all required training.

8. WORKING CONDITIONS

EMPLOYEE IS REQUIRED TO:

- Report to work on time and follow procedures for reporting absences;
- Maintain a professional appearance
- Appropriately maintain cooperative, professional, and effective interactions with employees, patients/clients and the public;
- Comply with hospital policies and procedures

The employee is required to work any shift and schedule in a variety of settings throughout the hospital and may be required to work overtime and float to other work locations as determined by the operational needs of the hospital. All employees are required to have an annual health review and repeat health reviews whenever necessary to ascertain that they are free from symptoms indicating the presence of infection and are able to safely perform their essential job functions.

Employee Signature

Print Name

Date

Supervisor Signature

Print Name

Date

Ray Smith, Chief of Plant Operations II

03/08/2022

Reviewing Supervisor Signature

Print Name

Date